

Questions & Answers about Health Reform Implementation in Washington

Health reform is here in Washington state. On Oct. 1, 2013, our online marketplace for new health coverage options, the Washington Healthplanfinder (www. WAhealthplanfinder.org), opened for business. Washingtonians can go there to shop for plans and find out if they qualify for low-cost or free health coverage. Coverage begins Jan. 1, 2014 – provided you complete your enrollment and pay your first premium by Dec. 23, 2013. Open enrollment continues through March 31, 2014. Here are answers to some of the most frequently asked questions.

What new coverage options are available?

There are two new coverage options available in Washington State under health reform: 1. A new expansion of Medicaid (now called "Washington Apple Health") for adults age 19 to 64 with lower incomes. If you qualify, this coverage is free, and 2. New "Qualified Health Plans" from private insurers that meet new health reform standards and are state-approved to be sold through the Washington Healthplanfinder. If you qualify, there are subsidies in the form of advance federal tax credits to make these plans more affordable.

When can I enroll?

You can apply for all forms of coverage available through Healthplanfinder during the first year of open enrollment between October 1, 2013 and March 31, 2014. Open enrollment periods will continue every year, but only from October through December. Individuals can enroll in Washington Apple Health and Apple Health for Kids through the Washington Healthplanfinder year round.

Where can I buy a health plan?

Washington Healthplanfinder (www.WAhealthplanfinder.org), is our state's new online health insurance marketplace. There, you can compare health plans, side-by-side, see if you qualify for financial help and get free, unbiased assistance to help you understand your choices.



How much will it cost?

How much you'll pay for a health plan depends on whether you qualify for subsidies and on the plan you choose. All plans sold in the Washington Healthplanfinder have different levels of cost-sharing, or the amount you pay for medical services versus the amount the insurance company pays. These are called "metal levels" and include bronze, silver and gold. Catastrophic plans with more limited coverage are available to individuals under the age of 30 and certain others.

Another important element of making health care affordable is the limit on out-of-pocket costs, such as deductibles and copays. The amount changes each year, and is currently \$6,250 for an individual and \$12,500 for a family. This limit applies to covered services, but does not include premiums.

Do I need to have health insurance?

By March 31, 2014 most people must have health insurance. The good news is that most people in Washington state already do, through their jobs, a public program like Medicare or Medicaid, or through individually purchased plans. But if you're one of the nearly 1 million people in our state who are uninsured or if you're struggling to pay for your insurance, you might qualify for new free or low-cost options.

New coverage options include new subsidies, or advance tax credits, to help Washington residents afford coverage. You could qualify for free or low-cost coverage if you are an adult earning less than \$45,960 a year or a family of four earning less than \$94,200. Help is on a sliding scale depending on your income.

If you don't have health insurance by March 31, 2014, most people will have to pay a penalty of \$95 per adult and \$47.50 per child, up to \$285 for a family *or* 1 percent of their household income, whichever is greater. The penalty increases to \$325 or 2 percent of household income in 2015 and \$695 or 2.5 percent of household income in 2016.



Who is NOT affected?

If you are already covered by your employer, are a senior or person with a disability who is on Medicare, or have health benefits through the Veterans Administration, your coverage is largely unaffected.

Where can I get help enrolling?

There are lots of places to get help navigating the Washington Healthplanfinder.

Toll-free helpline: 1-855-WA-FINDER (1-855-923-4633), TTY/TTD 1-855-627-9604.

In-person assisters or navigators

Organizations across the state have staff trained to help walk you through the process. You can find an inperson assister to help you by calling the Washington Healthplanfinder toll-free helpline or by visiting the Washington Health Benefit Exchange's Customer Support Network page: http://www.wahbexchange.org/info-you/individuals-and-families/customer-support-network/.

Brokers

Washington Healthplanfinder also offers assistance through registered Insurance Brokers. You can find a registered broker through www.WAhealthplanfinder.org. (Click on "Customer Support" in the upper right-hand corner of the home page for a drop-down menu that includes "Find a Broker.")

Community partners

Local community-based organizations, such as health centers, hospitals, and non-profit organizations have staff or volunteers trained to help you apply specifically for Washington Apple Health.

SHIBA volunteers

Volunteers through SHIBA (Statewide Health Insurance Benefit Advisers) provide free, unbiased and confidential assistance with health care choices. Contact SHIBA at 1-800-562-6900 for help near you.

The Department of Social and Health Services

DSHS offices around the state will be able to direct you toward help in using the Washington Healthplanfinder. You can also apply using an internet kiosk at local DSHS offices.

If you speak a language other than English or need disability accommodations, you can get free language and equal access services to help you apply.

What is Washington Apple Health and the Medicaid Expansion?

The Affordable Care Act increases Medicaid eligibility limits for adults, bringing health care coverage to thousands of Washington's uninsured. In Washington State, Medicaid is called Washington Apple Health. You enroll through the Washington Healthplanfinder website, which will tell you if you qualify for Washington Apple Health, based on your income and other information.



What's covered?

Some benefits of the Affordable Care Act are already in place, but a lot more begin on Jan. 1, 2014. For instance, most health plans must cover preventive services, and starting Jan. 1, 2014, all individual and small employer health plans must include 10 essential health benefits: Ambulatory patient services, Hospitalization Emergency services, Maternity and newborn care, Mental health and treatment of substance abuse disorders including behavioral health treatment, Prescription drugs, Rehabilitative and habilitative services and devices, Preventive and wellness services and chronic disease management, Laboratory services, and Pediatric services including oral and vision care.

In addition, most health plans are not allowed to have annual benefit limits and none are allowed to have lifetime benefit limits.